

William John Barrett

Died at ^{Town} Sollass ^{County} Calvert MARYLAND

Date 19 02 Month 2 Day 25 Age 22 Y. 4 M. D. Native of Maryland Occupation System

Male	White	Married	Widow.	Divorced
Female	Colored	Single	Widower	Number of children living

Husband
of
Wife

Father's Name	William Barrett	Mother's Maiden Name	Alice Gott
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Cause of Death	Primary	Pneumonia	How long sick	4 days
	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by Geo F Chambers MD

Address Bertha Calvert Co MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

A. Child without name 5'2
 Town County

Died at *Island Creek* *Colvert* MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	<i>Feb</i>	<i>4</i>	0	0		<i>Colvert</i>	
<i>Male</i>	<i>White</i>	<i>Married</i>				<i>Widow</i>	<i>Divorced</i>
<i>Female</i>	<i>Colored</i>	<i>Single</i>				<i>Widower</i>	<i>Number of children living</i>

Husband of _____
 Wife _____

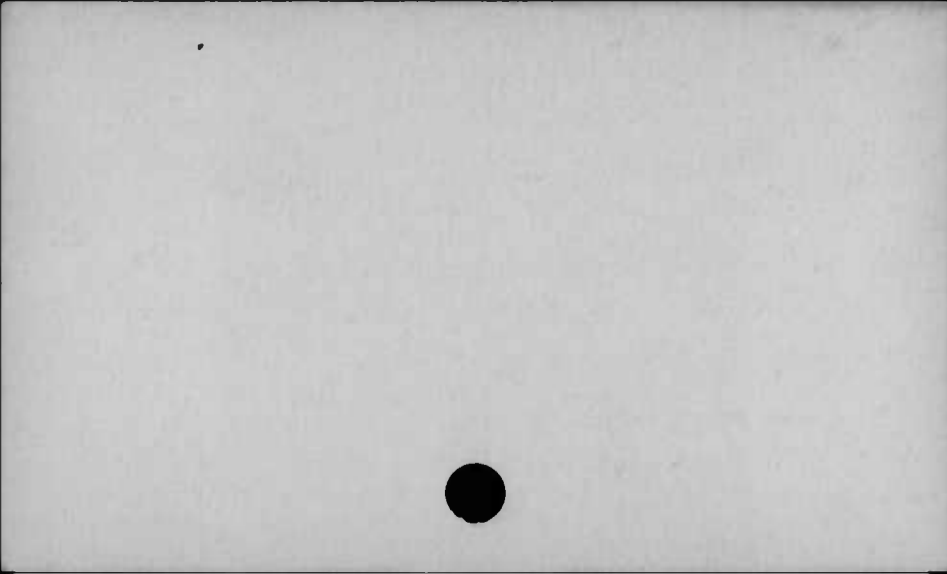
Father's Name *Benson Benson* Mother's Maiden Name *Teasie Albright*

Cause of Death { Primary *Do not know* How long sick _____
 Immediate *Infant* Accident, Suicide, Homicide _____

Reported by *John I. Brooks* 151

Address *Island Creek*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Bowen
 Town *Prince Frederick* County *Calvert* MARYLAND

Died at *Prince Frederick*

Date 19 *32* *Feb.* *4* Age *71* - Y. M. D. Native of *420 W. House Keeper* Occupation *House Keeper*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~ *Widower* Number of children living *4*

Husband of *H. A. Bowen*

Wife *H. A. Bowen*

Father's Name *Joshua Sedwick* Mother's Maiden Name *Eliza Williams*

Cause of Death { Primary *Bilious Diarrhoea* How long sick *10 days*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *106 A. J. Williams M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.



Name in Full

Certificate of Death

Merrill J. Carey

Died at

Solomons

County

Calvert

MARYLAND

Date 19

02 February 20

Age

13 / 25

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm. J. Carey

Mother's

Maiden Name

Eugene E. Long

Cause of

Primary

Path. Disease of Spine

How long sick

5 weeks

Death

Immediate

Whooping Cough.

~~Accident, Suicide, Homicide~~

Reported by

Dr W. H. Marshall

Address

30

Solomons Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or miniater.



Name in Full

Certificate of Death

Priscilla Carter

Town

County

Died at Sunderland

Calvert

MARYLAND

Date 189 1902 Month Feb Day 6 Age 17 Y. M. D. Native of Md Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Widowed ☐ Divorced ☐ Number of children living ☐

Husband of

Wife

Father's Name Arthur Carter

Mother's Name

Priscilla Ray

Cause of

Primary

Typhoid fever

How long sick

6 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. Litch M.D.

Address

Huntingtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Norman Chew

Town

County

MARYLAND

Died at

Parran

Calvert

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

21, 27

Age

2

Cal. Co

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

3 months

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Priscilla Crane

Town

County

Died at

Torrrens

Calvert

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 15

Age

77 - - md

~~Male~~~~White~~~~Married~~~~Widow~~Divorced

Female

~~Colored~~

Single

~~Widower~~Number of children living~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Senile Decay

How long sick

4 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W B Stafford

Address

Torrrens



Calvert Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Gross

Died at ^{Town} Po. Induruck ^{County} Calvert MARYLAND

Date 1902 ^{Month} Feb ^{Day} 13 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Farmer

Male ☒ White ☐ Married ☐ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☒ ~~Widow~~ ~~Number of children living~~

Husband of Mina Gross

Father's Name Mother's Name

Cause of Death { Primary Brights Disease 120 How long sick 18 months

Death { Immediate Accident, Suicide, Homicide

Reported by Estep Paddy M D

Address Parston Calvert Lec.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968



Name in Full

Certificate of Death

Minnie Gros

53

Died at

Town

County

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Pot Republic

Age

8

Cath

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

In Name of Child *J. W. Herdery*

MARYLAND

Died at

Town *Port Republic* County *Calvert*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

Feb 20

Age

Calvert

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

J. W. Herdery

Mother's

Maiden Name

Louise Anderson

Cause of

Primary

Suit form -

How long sick

Death

Immediate

Accident, Suicide, Homicide

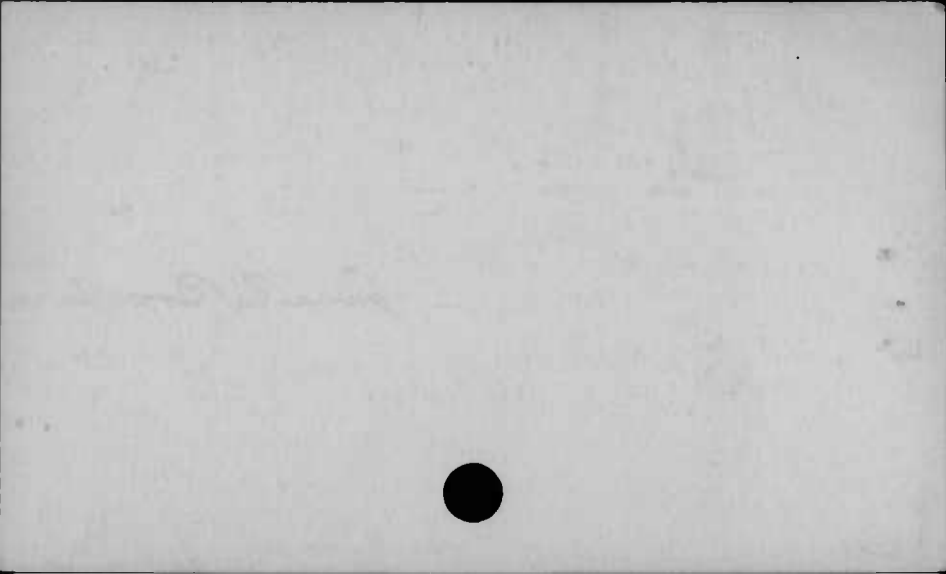
Reported by

*Port Republic**J. W. Herdery Parent*
MA

Address

Parent

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

31

4

Age

1-2

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Transition

How long sick

4 days

Death

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frederickville Norfolk
 Town County

Died at *Changoua* *Calvert* MARYLAND

Date 19 <i>01</i>	Month <i>Feb</i>	Day <i>1</i>	Y. <i>83</i>	M. <i></i>	D. <i></i>	Native of <i>Calvert</i>	Occupation <i>Farmer</i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living <i>7</i>			

Husband
 of

Wife

Father's

Name

Mother's

Maiden Name

Cause of	Primary <i>Senility</i>	How long sick <i>154</i>	<i>4 months</i>
Death	Immediate <i>Respiration & Cardiac Failure</i>	Accident, Suicide, Homicide	

Reported by

E. H. Herman M.D.

Address

Lower Station, Calvert Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas J. Oliver Jr

Town

County

Died at

MARYLAND

Date 1902 Febry 21 | Month Day | Y. M. D. | Age 26-0-3 | Native of Maryland | Occupation Oysterman

Male ☒ White ☒ ~~Mixed~~ ☐ ~~Black~~ ☐ ~~Other~~ ☐

~~Married~~ ☐ Single ☒ ~~Widower~~ ☐ ~~Number of children living~~ ☐

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name In Full

Certificate of Death

Name In Full: *Virginia Madeline Morrison Rice*
 Town: *Island Creek* County: *Calvert* MARYLAND
 Died at: *Island Creek*
 Date 19*02* Month *Feb* Day *5* Y. *8* M. *26* D. *Cent* Native of: *Cent* Occupation: *—*
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Single* ~~Widower~~ *Widower* ~~Divorced~~ *Divorced* ~~Number of children living~~ *—*

Husband of: *Wm F Rice* Mother's Name: *Maria E. Jones*
 Wife: *—* Maiden Name: *—*
 Cause of Death: { Primary: *Pneumonia* Immediate: *Stomach* } How long sick: *3 weeks*
 Reported by: *John A. Brooks* Accident, Suicide, Homicide: *93*
 Address: *Mutual*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75608



Name in Full

Certificate of Death

Died at

Date 1904

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Ryan

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

February 14

Age 40

Ireland Oysterman

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

of

Mother's

Maiden Name

Primary

Immediate

How long sick

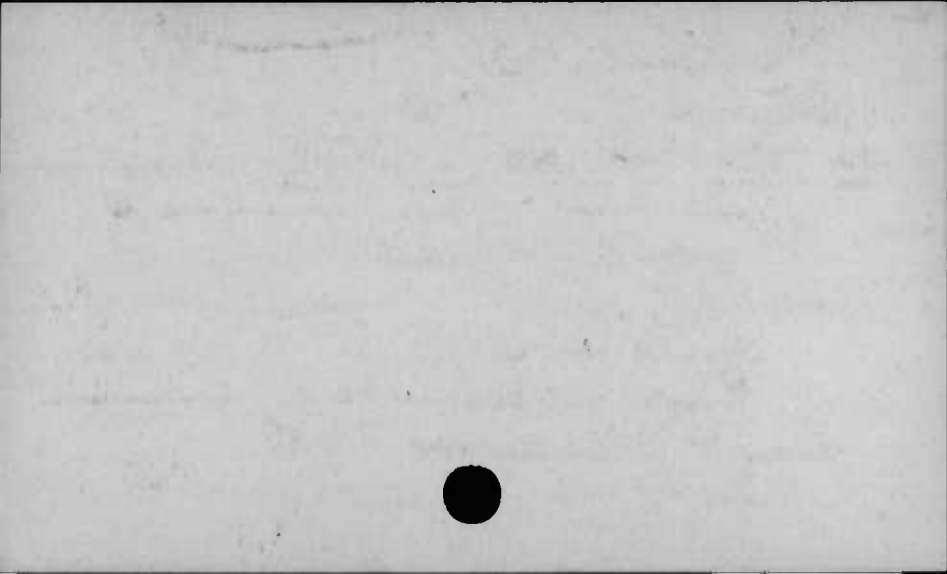
~~Accident, Suicide, Homicide~~

W. W. G. March

Solomon

Mx

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date 19

~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Malvina Delilah Wilks

Olivertown County Calvert

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
02	Feb	20	23		Md	housekeeper

Male	White	Married	Widow	Divorced	Number of children living 3
Female	Colored	Single	Widower		

Primary	Child birth	How long sick
Immediate	Purpura Eclampsia	27 hrs

Reported by	Geo. T. Chambers MD
Address	Bertha Calvert Co Md

